



City of Westminster

# Cabinet Member Report

**Meeting or Decision Maker:**

Deputy Leader and Cabinet Member for  
Adult Social Care, Public Health and  
Voluntary Sector

**Date:**

06 February 2024

**Classification:**

Part Exempt, the accompanying Part B  
report is exempt by virtue of the following  
Paragraphs of schedule 12A to the Local  
Government Act 1972:

Paragraph Three: information relating to  
the financial and business affairs of a  
particular person (including the  
authority holding that information)

**Title:**

School Health (School Nursing) Service

**Wards Affected:**

All

**Policy Context:**

Fairer Communities

**Key Decision:**

Yes

**Financial Summary:**

The total value of the contract over the  
full 5-year term is expected to be  
£10,212,829 for WCC. Services are  
fully funded via the Public Health Grant.

**Report of:**

Bernie Flaherty, Executive Director of  
Adult Social Care and Health

## **1. Executive Summary**

- 1.1 This report seeks approval to award and initiate the new contract for the School Health (School Nursing Service). This report sets out the procurement process conducted, the evaluation process followed, and the rationale for awarding the contract to the recommended supplier.
- 1.2 The contract term is 3 years with the option for a 2-year extension (3+2). The contract will commence in February 2024 and operate until January 2027 (3 years), the extension period (2 years) if invoked will take the contract to January 2029.
- 1.3 The total value of the contract over the full 5-year term is expected to be £10,212,829 for WCC. Services are fully funded via the Public Health Grant and there is no impact on the Council's General Fund.
- 1.4 On 15 March 2023, CGRB endorsed a procurement strategy to undertake a Light Touch, open competitive procurement. Subsequently, on 20 December 2023, CGRB also endorsed the contract award report, setting out the recommendations to the Cabinet Member to approve award of contract to Central and North West London (CNWL) NHS Foundation Trust for the delivery of the School Health (School Nursing Service).
- 1.5 A procurement was conducted to identify and appoint a suitably experienced supplier who would be responsible for delivering School Health Services for Westminster City Council (WCC) and the Royal Borough of Kensington & Chelsea (RBKC). However, sovereign contracts will be established for each borough.

## **2. Recommendations**

- 2.1 That the Cabinet Member for Adult Social Care, Public Health and Voluntary Sector approves the contract award for the delivery of School Health (School Nursing) Services to Central & North West London (NHS Foundation Trust).
- 2.2 The total sum is for £5,924,800 (£7,109,760 *including VAT\**) for the period February 2024 to January 2027, with the option to extend for an additional period of 2 years at an additional cost of £4,288,029 (£5,145,634 *including VAT\**).
- 2.3 The full contract term is for 5 years (3+2) at a total contract value of £10,212,829 (£12,255,394 *including VAT\**).

*\*To note that VAT is for reference only and is not payable for this service.*

### **3. Reasons for Decision**

- 3.1 The current contract is delivered by Central and North West London NHS Trust (CNWL) and has been in place since 1 April 2017.
- 3.2 The original award was for a period of five years which expired 31 August 2022. A further direct award was granted for 12 months, to align with the end of the academic year, that expired on 31 August 2023. This direct award was endorsed by the Commercial Gateway Review Board (CGRB).
- 3.3 The current service is currently operating out of contract as there is no agreed scope for a further extension or variation. As this is a statutory service, there can be no gap in delivery and consequently the service has been operating at risk whilst the re-tendering process took place. There are no issues or concerns with the performance or service delivery of the current service. Risks associated with being out of contract are being mitigated by continual performance monitoring, in line with the original contract, and by expediting the execution of the new contract as a matter of urgency.

### **4. Background, including Policy Context**

#### **The Service**

- 4.1 Local Authorities have been responsible for commissioning public health services for school aged children, including School Health (School Nursing) services, since April 2013.
- 4.2 This Public Health nursing service has a significant and unique role in leading and co-ordinating the delivery of public health interventions to address individual and population needs. It is a crucial service which delivers core universal and mandated elements of the Healthy Child Programme (five to 19).
- 4.3 The service is offered to all children attending state schools, delivered to the 13,275 in RBKC and 22,023 in Westminster. This includes vulnerable school aged children with additional needs or with child protection concerns.
- 4.4 The service also supports children in state funded schools with special educational needs and disabilities (SEND) and works with the wider SEND partnership to contribute to and support the delivery of Educational Health Care Plans (EHCPs) as appropriate.
- 4.5 This service, delivered by a team of specialist public health nurses, improves outcomes for children and young people and reduces health inequalities for them, working in partnership with a range of colleagues from education, health and social care.
- 4.6 Many similar nursing teams in schools are referred to as School Nursing services; our bi-borough service is called the School Health Service as it has

embedded within it additional service offers of Relationship and Sex Education (RSE), and emotional and mental wellbeing support.

- 4.7 RSE is now a statutory requirement in secondary schools and the new service will include a specialist staff team to improve and support the school and young people's knowledge of healthy relationships, with the inclusion of a lead practitioner in this area.
- 4.8 The current service has an Emotional Health and Wellbeing Lead Nurse and in the new contract there will be additional resource to further strengthen support for emotional and mental health and wellbeing.
- 4.9 The existing School Health Service is well embedded locally and works in partnership with a wide variety of partners from the education, health, social care, voluntary and community sectors.
- 4.10 Recent Ofsted inspection of children's services in 2022 recognised the excellent partnership working and the positive impact that has been made on children and their families, which can be linked back to the formation of the current contract. The excellent work will continue through new commissioning arrangements as well further integration with Early Help services which will further enhance the value and positive outcomes for service users.
- 4.11 The service delivers a diverse range of activities to promote the health and wellbeing of the school aged population, which will continue under the proposed new arrangements including:
  - universal health screening, including the mandated National Child Measurement Programme (NCMP); supporting schools in the management of pupils with health conditions;
  - safeguarding
  - early identification of problems or additional needs
  - physical, mental and emotional health promotion.
- 4.12 The service supports the mandatory requirements of the programme providing a framework to support collaborative work and more integrated delivery, enabling:
  - parents' carers or guardians develop and sustain strong bonds with children.
  - support parents carers or guardians in keeping children healthy and safe and reaching their full potential
  - protect children from serious disease, for example through screening such as the National Child Measurement Programme, a mandated requirement
  - reduce childhood obesity by promoting healthy eating and physical activity

- promote oral health
  - support resilience and positive maternal and family mental health
  - support the development of healthy relationships and good sexual and reproductive health
  - identify health and wellbeing issues early, so support and early interventions can be provided in a timely manner
  - make sure children are prepared for and supported in all childcare early years and education settings.
- 4.13 The School Health Service, currently provided by CNWL, is respected and valued by families and schools and a wide-ranging number of partners, such as:
- Early Help
  - Health Visiting
  - Children's Services
  - Education, School Inclusion
  - GPs
  - Healthy Schools Partnership
  - Early years settings across each of the boroughs
  - Integrated Care Boards (ICB)
  - Change4Life Service
  - Safeguarding
- 4.14 Performance has been monitored formally in termly contract monitoring reports and meetings using the dashboard of KPIs and other targets which were reviewed in 2021. The current service has been highly performing throughout the course of the contract and this was reflected within the recent Ofsted inspection.

## **5. Procurement**

- 5.1 This section sets out the procurement process conducted, the evaluation process followed, and the rationale for awarding the contract to the recommended supplier.
- 5.2 The required services fell under Social and Other Specific Services under Part 3 of the Public Contracts Regulations 2015, therefore, the Light Touch Regime (LTR) applied.

- 5.3 A one stage, open competitive procedure took place under LTR in order to secure a single provider that could deliver School Health Services on behalf of WCC and RBKC.
- 5.4 A Contract Opportunity Notice was published on Find a Tender (FTS), Contracts Finder and on capitalEsourcing. The tender opportunity went live on 11/07/2023.
- 5.5 Five suppliers opened the opportunity and did not submit a response with one supplier submitting a formal bid; Central & North West London (NHS Foundation Trust) (CNWL).
- 5.6 Whilst the tender was open, 15 separate clarifications were received from three different suppliers.
- 5.7 At the point of publishing the tender a non-capped guide price was also published as outlined within the endorsed strategy. Whilst the tender was live 2 clarifications were received requesting further information on the cap, including annual breakdowns. As a result of this request and in the interest of transparency the service reevaluated the guide that was published and agreed to republish a revised guide price to the market.
- 5.8 The revised guide price was republished as a maximum cap (£18m) for the full 5-year term. This reflected the maximum Public Health Grant funding that was made available for this service.
- 5.9 The change resulted in the commercial section of the Invitation to Tender (ITT) being amended and all suppliers were informed via a Broadcast message. The timescales were extended by 7 days to allow suppliers to reconsider the new information.
- 5.10 The Contracts Finder notice was also updated and a F14 Corrigendum Notice was also published to Find a Tender Service informing of the change. No further clarifications in relation to the commercial approach were received following this revision.
- 5.11 The tender was evaluated using a weighting split of 30% price and 70% quality.
- 5.12 Tender submissions were evaluated based upon the combined Qualification, Technical and Commercial envelopes and awarded according to the most economically advantageous tender.
- 5.13 Qualification: The Qualification Envelope used the Selection Questionnaire (SQ) template in line with Public Contracts Regulations 2015. Bidders were assessed on compliance, acceptance of the contract terms, and other minimum standards including the living wage, previous contractual experience, insurance, economic and financial standing and the new 3rd party information assurance framework.

- 5.14 Bidders were asked to confirm if they have a minimum average annual turnover in the last three years in excess of £12m. Financial analysis was conducted by analysing the previous 2 years of accounts on the bidding organisation and passed the relevant checks.
- 5.15 Technical: Technical method statements had a total weighting of 70% applied.
- 5.16 The following criteria/questions were asked with the weightings allocated based on the relative importance of each section:

	Out of 100%	Out of 70%	
1.Safeguarding and Early Intervention	10.0 %	7.0%	Minimum Score of 3 required
2.Reducing Health Inequalities	10.0 %	7.0%	Minimum Score of 3 required
3. Health Promotion	10.0 %	7.0%	Minimum Score of 3 required
4. Partnership Working*	10.0 %	7.0%	
5. Healthy Relationships and RSE	5.0%	3.5%	
6. Flexibility/Innovation	10.0 %	7.0%	
7. Emotional Health and Wellbeing Support	15.0 %	10.5 %	
8. Violence Against Women and Girls	5.0%	3.5%	
9. Social Value*	10.0 %	7.0%	
10. Contract Management	5.0%	3.5%	
11. Implementation and Development Plan	10.0 %	7.0%	
<b>TOTAL WEIGHTING</b>	<b>100.0 %</b>	<b>70.0 %</b>	

*\*These areas made up the responsible procurement criteria. The weightings against these Method Statements result in Responsible Procurement being allocated 14% out of the total scoring available within the technical envelope.*

- 5.17 All members of the evaluation panel completed and signed a Conflict-of-Interest Declaration and Confidentiality Agreement before the evaluation process commenced.
- 5.18 The moderation meeting took place on 14/09/2023 and was chaired by the Commercial Manager. A full breakdown of the moderated scores and the evaluation outcome can be found in the exempt Part B report.

## 6. Responsible Procurement

- 6.1 Supplier Charter: The new supplier charter was used as part of this tender and the organisation submitted a response to all applicable questions that were asked.
- 6.2 Responsible Procurement was included as part of the technical evaluation criteria and was tested via two method statements; partnership working and social value questions.
- 6.3 These questions were developed in partnership with the Responsible Procurement Manager and included:
- Approach to partnership working with a wide range of stakeholders
  - Using a range of communication across all partners and agencies to support partnership working and awareness
  - Retainment of staff
  - Recruitment of staff; particularly through the prioritisation of WCC and RBKC residents
  - Initiatives to foster a culture of diversity
  - Other wider community benefits that can be delivered

Confirm below Responsible Procurement Weighting (as part of the Evaluation Criteria of the Procurement) e.g. 10%.

14% of the total scoring could be aligned to Responsible Procurement:

Question Title	Allocated Weighting (Out of 100%)	Allocated Weighting (Out of 70%)
Partnership working	10.00%	7.00%
Social Value	10.00%	7.00%



Confirm via table detailed below whether the following Responsible Procurement commitments are included within this Procurement activity:

<b>Commitments</b>	<b>Please confirm Y or N</b>
Modern Slavery	Y
Social Value	Y
Diversity & Inclusion	Y
Carbon	NA

Confirm Y/N – (If No, please confirm why e.g. we are calling off a Framework)

<b>Commitments</b>	<b>Please confirm Y or N</b>
Successful bid includes WCC's Supplier Charter commitments	Y
Ethical Procurement Policy is included in final WCC T&C's	Y

## **7. Living Wage Implications**

- 7.1 The services fall in scope of the Living Wage Foundation threshold therefore were included as part of the procurement exercise.
- 7.2 The terms and conditions of the contract will include the commitment to pay all staff working under the contract with a minimum Living Wage. The preferred bidder has confirmed their commitment to paying London Living Wage for both contracts.

## **8. Information and Technology Implications:**

- 8.1 In coordinating and delivering the core universal and mandated elements of the Healthy Child Programme, the provider of the School Health (School Nursing) Service will be collecting and processing personal data on each Councils' behalf. The successful tenderer will need to complete an Information Security Questionnaire or provide ISO certification, to be reviewed and signed off by Information Security ahead of contract award. This will ensure that data is being managed and protected in line with the standards outlined in our third Party Assurance Framework. As no new IT system is being procured, there are no further IT implications.

## **9. Data Protection Implications**

- 9.1 Article 35 of the GDPR introduced a new mandatory requirement for organisations to identify and then assess risks to the rights and freedoms of individuals associated with any proposal to process personal data, particularly special category data. Organisations must adopt 'privacy by design' (an approach that promotes privacy and data protection compliance from the outset).
- 9.2 A Data Protection Impact Assessment (DPIA) should be carried out to minimise the data protection risks of a project whether processing is within their own organisations or where the processing is necessary to provide Council commissioned services. A DPIA will determine the level of risk identified and whether the level of risk is acceptable.
- 9.3 To comply with the above a DPIA will be drafted as far as possible, focusing on the service model and requirements; however, it should be noted that until the contract has been awarded and the successful provider notified, the DPIA cannot be finalised and therefore all risks identified. This includes ensuring that any data held on the successful provider's system is fully compliant with GDPR and information security prior to 'go live'.
- 9.4 When all risks have either been mitigated or accepted, the final DPIA will be signed off by Public Health Information Asset Owners before this project / contract is implemented.

## **10. Financial Implications**

- 10.1 The combined value over 5 years is £17.17m across BiB of which, RBKC is £6.96m and WCC is £10.21m. This service is funded from the Public Health grant and is captured in the two authorities' medium term financial planning. The total combined budget available to offset this expenditure is £18.51m of which, RBKC is £7.33m and WCC is £11.18m.
- 10.2 On an annual basis, the current annual contract value across BiB is £2.57m of which, RBKC's value is £0.99m and WCC's value is £1.58m. The new award values will increase annual costs by £0.37m for RBKC and £0.39m for WCC. But the budget provision made is sufficient to cover the increase in cost.

## **11. Legal Implications**

- 11.1 The recommendation in this report is seeking approval from the Cabinet Member to award contract to Central & North West London (NHS Foundation Trust) for the provision of School Health Services for WCC for a period of three years, with an option to extend for a further two-year period.
- 11.2 The total value for the proposed contract period (including the extension options) is estimated to be up to 5,924,800 (£7,109,760 including VAT\*) for the period February 2024 to January 2027, with the option to extend for an

additional period of 2 years at an additional cost of £4,288,029 (£5,145,634 including VAT\*).

- 11.3 The full contract term is for 5 years (3+2) at a total contract value of £10,212,829 (£12,255,394 including VAT\*).
- 11.4 The values of this contract fall above the regulated threshold sum for light touch regime and therefore subject to the full and relevant implications of Chapter 3 of the Public Contract Regulations 2015 (“PCR 2015”). The Services have been procured via open tender in compliance with Regulation 76(7) and Regulation 27 of the PCR15.
- 11.5 The Council has a statutory duty under the Local Government Act 1999 to obtain and achieve best value having regard to a combination of economy, efficiency and effectiveness. This has been achieved by carrying out an open tender process.
- 11.6 It is proposed that WCC will enter into and manage their own sovereign contract as part of a bi-borough service. Approval of the Contract award must be authorised by the Lead Member or Leadership Team for WCC, following endorsement to approve from the appropriate Executive Leadership Team and the Commercial Governance Review Board.
- 11.7 Details of the contract award must be published on Contracts Finder in accordance with PCR2015 and the Councils’ Procurement Code/Contract Regulations. Legal assistance should then be sought again to finalise the contract and arrange execution as a Deed.
- 11.8 The Cabinet Member Terms of Reference delegate the powers of this decision to the Cabinet Member. In accordance with Paragraph 33.12 of the Council’s Access to Information Procedure, this proposed key decision was entered in the Forward Plan on 18 September 2023 and the necessary 28 clear days’ notice has been given. A period of five clear days - the call-in period – must elapse before the decision is enacted. If the decision is called-in during this period, it cannot be enacted until the call-in has been considered and resolved.

## **12. Carbon Impact**

- 12.1 A high-level risk assessment was undertaken by the Carbon Leads within the Responsible Procurement Team and it was decided that no specific carbon criteria was required by this contract due to:
  - There is limited logistical impact/leverage
  - The primary premises where the contract is delivered are schools and therefore the School Health Service does not have responsibility or influence over the energy efficiency of the buildings
  - The minimal generation of waste including PPE

- 12.2 Even though the risk assessment shows that carbon impact will be very minimal, in keeping with the Council's net zero ambitions and procurement policies, the School Health Service provider must demonstrate how they are working towards meeting the Council's net zero goals. The service provider will form part of a Pan-London Supply Chain Carbon Working Group, co-led by Westminster City Council, so that we can work in partnership with our peers in the NHS to establish common reporting requirements across London's public sector; for the purpose of reducing the burden for contractors and in order to gain consistency in reporting and reduction methodologies across similar buying entities.

### **13. Equalities Implications**

- 13.1 The Equality Impact Assessment for the School Health Service demonstrates that the service has positive impact on protected characteristics and owing to the nature of this service which includes Specialist community Public Health Nurses, will also contribute to the promotion of physical and emotional health and wellbeing and the reduction of health inequalities. See appendix 1 for details.

### **14. Consultation**

- 14.1 A Public Information Notice (PIN) was issued on 15 June 2021 advertising a market engagement event for 14 July 2021. The aim of the broadcast was to inform suppliers on the current demographics across WCC and RBKC, the proposed service model, and our procurement intentions.
- 14.2 Presentations were shown by the Public Health Intelligence Team, our Lead Public Health Commissioner, and the Procurement Lead. A total of seven suppliers registered an interest in the event and attended the broadcast. These suppliers varied in size and consisted of the incumbent provider, a number of NHS trusts, and some service area specialists.
- 14.3 Suppliers were given the opportunity to provide feedback and comments on the information presented to them during the broadcast. The feedback obtained on the proposed service model was positive. All seven suppliers received the information from the day, including the presentation slides, attendee details, the Q&A, and the broadcast recording.
- 14.4 Financial analysis has been carried out using Credit Safe which looked at the current turnover of each provider who attended the broadcast event. When using a Turnover Threshold of one x the total contract value, of these six providers, four would have qualified for the tender, two of these providers historically have not provided these types of services.
- 14.5 The market is small, and this contract is a highly specialised clinical Public Health Contract which can only be provided by registered public health professionals and delivered by clinical staff; those being a mix of Specialist Community Public Health Nurses (SCPHNs) and Registered Nurses.

14.6 Since the original PIN and engagement, Integrated Care Boards (ICB's) have been established. This essentially ensures collaboration across localities within the health sector and reduced market competition is one of the core principles as to how ICB's operated. Taking this into the consideration and alongside the Project Group's ongoing engagement to inform the service model and specification, knowledge of the market and from round of initial market testing, it is clear that other NHS Trust providers are extremely unlikely to tender against another trust for these contracts.

**If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:**

Shazia Ghani, Head of Care Markets (integrated Commissioning) -  
[Shazia.Ghani@rbkc.gov.uk](mailto:Shazia.Ghani@rbkc.gov.uk)

#### **APPROVED BY**

<b>Name and Title</b>	<b>Date approved</b>
Avishka Kumarasinghe, Finance	15.01.24
Offri Meroz, Legal	12.01.24
Maria Burton, Governance	22.01.24

#### **APPENDICES**

Appendix A - EQIA

For completion by the **Cabinet Member for Adult Social Care, Public Health and Voluntary Sector**

**Declaration of Interest**

I have no interest to declare in respect of this report

Signed: N. Butler - Thalassis Date: 29 January 2024

NAME: **Councillor Nafsika Butler-Thalassis**

State nature of interest if any:

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*(N.B: If you have an interest, you should seek advice as to whether it is appropriate to make a decision in relation to this matter)*

For the reasons set out above, I agree the recommendation(s) in the report entitled

**School Health (School Nursing) Service** and reject any alternative options which are referred to but not recommended.

Signed: N. Butler - Thalassis

Cabinet Member for Adult Social Care, Public Health and Voluntary Sector

Date: 29 January 2024

If you have any additional comment which you would want actioned in connection with your decision you should discuss this with the report author and then set out your comment below before the report and this pro-forma is returned to the Secretariat for processing.

Additional comment:

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If you do not wish to approve the recommendations, or wish to make an alternative decision, it is important that you consult the report author, the Director of Law, City Treasurer and, if there are resources implications, the Director of People Services (or their representatives) so that (1) you can be made aware of any further relevant considerations that you should take into account before making the decision and (2) your reasons for the decision can be properly identified and recorded, as required by law.

Note to Cabinet Member: Your decision will now be published and copied to the Members of the relevant Policy & Scrutiny Committee. If the decision falls within the criteria for call-in, it will not be implemented until five working days have elapsed from publication to allow the Policy and Scrutiny Committee to decide whether it wishes to call the matter in.